



SANDY CITY COMMUNITY DEVELOPMENT DEPARTMENT

CDBG Quarterly Status/Benefit Data Report

Submit To: Mike Wilcox

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Subrecipient Name: _____

Project Title: _____

Project Number: _____ Report Date: _____

Report for Period Ending: (circle or highlight one) 9/30 12/31 3/31 6/30-Annual

Please note: Sandy City's CDBG program year begins July 1. Beneficiary data needs to be submitted on a quarterly basis and compiled on an annual basis with data covering the period July 1 through June 30. Reports are due within 15 days of the end of the reporting period.

If a current report is not on file when a billing request is submitted, the payment will be held until the report is received.

CDBG BENEFICIARY DATA REPORTING (PERSONS/PUBLIC SERVICES)

A. Total NEW Sandy City eligible Clients served by this project during this Report Period: _____
[Regardless of Income]

B. **RACIAL AND ETHNIC DATA** for NEW City eligible CDBG-assisted clients served by this activity during this Report Period. [Regardless of income] Please note that Hispanic is considered an ethnicity category rather than a race category. There are now five single race categories and five new multi-race categories.

	Non-Hispanic	Hispanic	Total
11-White	_____	_____	_____
12-Black/African American	_____	_____	_____
13-Asian	_____	_____	_____
14-American Indian/Alaskan Native	_____	_____	_____
15-Native Hawaiian/Other Pacific Islander	_____	_____	_____
16-American Indian/Alaskan Native & White	_____	_____	_____
17-Asian & White	_____	_____	_____
18-Black/African American & White	_____	_____	_____
19-American Indian/Alaskan Native & Black/African American	_____	_____	_____
20-Other Multi-Racial	_____	_____	_____
Totals	_____	_____	_____

Should be the same number reported in A: _____

C. NUMBER OF FEMALE HEADS OF HOUSEHOLD _____

D. CLIENT INCOME CHARACTERISTICS: Count each **NEW** City eligible CDBG-assisted person served during the Report Period one time only regardless of the number of times that services were provided to the person. (i.e. Numbers must reflect unduplicated persons). (Definitions and Income Levels are on Page 3).

NEW

1. Number of moderate-income persons served.
(51 - 80% of median family income) _____
2. Number of low-income persons served.
(31 - 50% of median family income) _____
3. Number of very low-income person served
(0- 30% of median family income) _____

Total number Lower Income CDBG Assisted. (Sum 1+2+3) _____

E. Total NEW persons served Program Wide (see definition) _____

F. Amount of Money Leveraged by CDBG-Funded Activity

Other Federal Funds Leveraged	\$ _____
State Funds Leveraged	\$ _____
Local Funds Leveraged	\$ _____
Private Funds Leveraged	\$ _____
TOTAL FUNDS LEVERAGED:	\$ _____

G. HUD Performance Indicator:

No. of Persons assisted with <u>new</u> access to service or benefit	_____
No. of Persons assisted with <u>improved</u> access to service or benefit	_____
No. of Persons assisted where activity was used to meet a quality standard or measurably improved quality standard	_____
No. of beds created in overnight shelter or other emergency housing	_____

H. Other required Information:

Number of Disabled Persons Served:	_____
Number of Non-English Speaking Served	_____

I. Homeless Assistance (if applicable)

Number of Homeless Persons Given Overnight Shelter:	_____
Number of Beds Created in Overnight Shelter or Other Emergency Housing	_____

J. Status of the project and your accomplishments for this reporting period.

Identify major benchmarks. Tell us what's happening. Note any change in the program or activity. Identify your outputs and outcomes if applicable. Please feel free to attach any additional information. This is the space in which you can and should brag a little. If the program has a major, positive outcome, please attach a narrative. Also, point out any existing or potential problems. (This is the space to give your Project Manager a heads-up if things are not going as planned)

Sandy CDBG Funds spent to date: \$ _____ Sandy CDBG Funds drawn down to date: \$ _____

I hereby certify that the documentation, income, names, and addresses of clients, supporting these figures, and activities are on file at this agency.

Signature_____

Date_____

Name - Typed/Printed/Legible_____

Title_____

Phone _____

BENEFICIARY DATA SUMMARY – DEFINITIONS & GUIDELINES

Beneficiary data will be required for each quarter starting with the grant award and continuing until the notification of Project Close-Out from this office.

Definitions

New: All clients who are served in the First Quarter are considered new (regardless of previous participation). Only those clients that were not reported in the First Quarter report are considered new in the remaining reports.

Program-wide includes all clients in the program, regardless of funding source or residency. If you have an approved unit cost plan then this number will be the same as line A.

City Eligible: In accordance with HUD regulations, (§570.309), and City policy, the City will only reimburse organizations for clients that live in Sandy City.

Family means all persons living in the same household who are related by birth, marriage or adoption.

Household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Income.

For the purpose of determining whether a family or household is low- and moderate- income, you must use the following definition of income:

Adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

Estimate the annual income of a family or household by **projecting** the prevailing rate of income of each person **at the time assistance is provided** for the individual, family, or household (as applicable). Estimated annual income shall include income from all family or household members, as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.